# CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10832 DATE: 10/27/88

TC: 011-012-08 D1 ☐ CRT

SERIAL № 11532

Name of Owner Jimmie J. Dove Juris.

Address of Property 16220 Old Statesville Rd

**Inspection Data:**

Repair

Tank Material PCE

Total Length of Drainfield 300

Number of Lines 6@50'

Cover Depth 12"-24"

Water Supply Source Well

Distance to Water Source >100'

Excavation Inspected 10/27/88

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1988 repair CTR# 68

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

Karla W. Johnson RS

Environmentalist

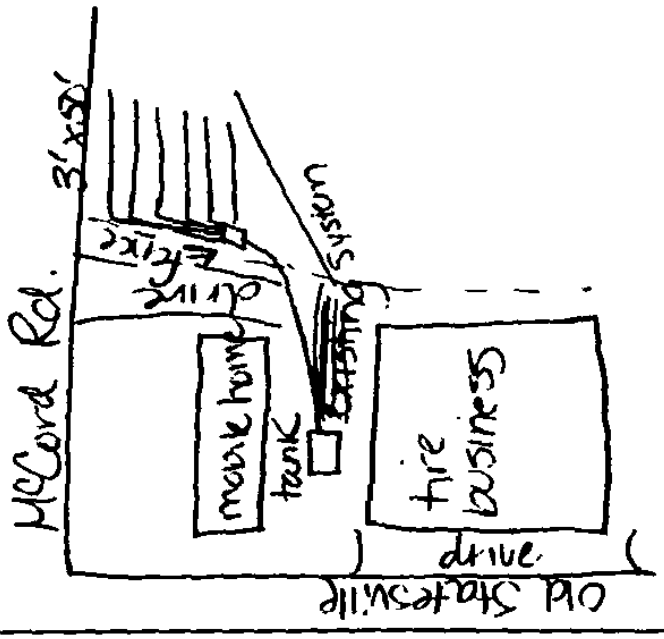
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10832 DATE: 10/25/88
TC: 011-012-08 pt L
SERIAL № 12315

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10/24/88. All work shall be completed on or before 1/8/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Repair

Liquid Capacity of Septic Tank _____ gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction _____

Absorption and/or Nitrification Lines
Trench Width 3 feet
Total Line Length 300 feet
Number of Lines 6
Depth of Stone 12 inches
Distance from House >5 feet
Distance from Property Line >10 feet
Distance from Well >50 feet

NAME OF OWNER Jimmie J. Dove
LOCATION OF PROPERTY 16020 Old Statesville Rd.
Comments: Install 6 trenches 3'X 52' X 12" stone; Straw cover

Division or Section Head

Environmentalist Paula M. Johnson R.S.

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

# APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 10832
TC: 011-012-08
SERIAL: № 17144 ☑ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 16220 Old Statesville Rd, Huntersville NC (STREET NO / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: Jimmie (FIRST) J. (MIDDLE) Dove (LAST)
⑨ MAILING ADDRESS: 16304 Old Statesville Rd
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) (704) 875-1249 ⑭ (HOME) (704) 875-6595

**REQUEST**

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

**DESIGN CRITERIA**

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms?
㉕ Type? Tire shop
㉓ Maximum occupancy?
㉖ Maximum number of employees? 6
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 2 (use 1)

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: × Helen W. Dove

Date: 10-24-88

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

SEE INSTRUCTIONS ON BACK

Date Received 4/7/76

ICAR (S) Application No 10832

T. C. No. 011-012-08

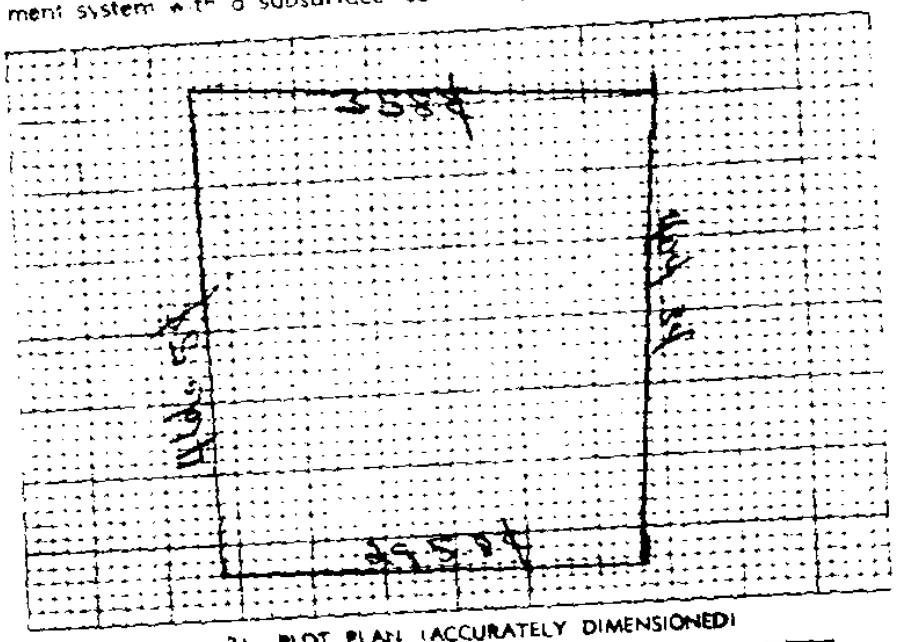
Map Date 1-22-74

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) _____ Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge




3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms _____

5) Business Use Max No Employees _____

6) Washing Machine X Yes _____ No

7) Garbage Disposal _____ Yes X No

8) Dishwasher _____ Yes X No

9) Water Supply
- A. Individual Well X
- B. Governmental System _____
- C. Community System
  - 1. Well source _____
  - 2. Governmental source _____

10) Sewage System
House located within 200 feet of public sewer _____ Yes _____ No
House located within 200 feet of community sewer _____ Yes _____ No

11) FHA Case No _____

12) VA Case No. _____

13) NAME OF OWNER Dove (LAST) Jimmie (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER Rt 2, Box 102 Huntersville N.C.

15) PHONE NO. Home 875-6575 Office 875-1249

16) LOCATION OF SYSTEM Corner McCord Rd. + Hwy 115 (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 6355 AT PAGE 421

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

Jimmie J. Dove
OWNER

DATE OF APPLICATION

FORM NO E-4-4-2M-5-785

HEALTH DEPARTMENT'S COPY

Serial No. 5810

LA No 10832

Date Issued 4/8/76

T C No P.O. 011-012-08

Map Date 1-29-76

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Dove (LAST) Jimmie (FIRST) J. (MIDDLE)

ADDRESS OF OWNER Route 2, Box 102, Huntersville, N.C. ZIP _____

LOCATION OF LOT Corner: McCord Rd. & Highway 115 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of *, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 10832. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*May use existing system

M. S. Kirby
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-9-2M-6-75

**HEALTH DEPARTMENT COPY**